

Request to become an approved outside entity for Tier I Vision screening in Utah schools

Utah Statute (UCA 53G 9 404) allows for approved outside entities to assist with tier 1 vision screening in schools. To become an approved outside entity please complete this application and submit to Utah Department of Health and Human Services (DHHS) to <u>samanthabushnell@utah.gov</u>. Please contact Sami Bushnell with any questions at samanthabushnell@utah.gov or (801) 419 1078.

<u>Until you receive approval from DHHS your organization may not provide tier 1 vision screening in Utah schools.</u> <u>Approval is good for two calendar years.</u>

Organization Name:	Date:
Contact Person:	Title:
Contact Phone:	Contact email:

Please describe your organization purpose or goal, and your expected level of participation in tier 1 vision screening in Utah schools:

Assurances:

O The organization is a 501(c) (3) not-for-profit organization.

O The organization shall provide tier 1 vision screening to schools at no charge to the school or families.

O The organization shall not self-refer students for further treatment unless there is no cost to school, student, or families.

O The organization shall only provide tier 1 (distance) vision screening. Tier 2 vision screening components are not permitted (near vision, color, eye tracking or focusing, or convergence screening).

O The organization agrees there shall always be a school employee present in the same room when working in schools with students.

O The organization shall not take photographs of any students.

O The organization shall follow the guidelines, procedures, and policy of the Utah Department of Health and Human Services (DHHS), including only using approved charts and equipment.

O All members of the organization who participate in school vision screening shall complete the DHHS training on vision screening (training B for volunteers and training D for outside entities) in schools.

O The organization shall provide the school with the results of vision screening on all students who were screened. O All members of the organization who participate in school vision screening shall sign a confidentiality agreement, agreeing to maintain confidentiality of all students. Sharing of any protected health information is strictly prohibited.

O Neither the organization nor the volunteer should imply or guess at a diagnosis.

O Neither the organization nor the volunteer shall make referrals to specific eye care professionals.

O A volunteer shall not participate if there is a conflict of interest. A conflict of interest occurs when there is the potential to influence a decision that may result in personal gain for themselves, a relative, or employer.

O The organization agrees to submit the Vision Screening Annual Report (part 2) to UDOH each year.

Contact signature:	Date signed:

FOR DHHS USE ONLY		
Date application received:	Date organization notified:	
Approved? O Yes O No		
Comments:		